ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):		FOR COURT USE ONLY	
TELEPHONE NO: ( ) FAX NO: ( ) ATTORNEY FOR (Name):			
NAME OF COURT: Superior Court, County of Kings			
STREET ADDRESS: MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:  TITLE OF CASE:			
11.22 5. 6.02.			
vs			
AT ISSUE MEMORANDUM		CASE NUMBER:	
COUNTER AT ISSUE MEMORANDUM			
Nature of Case:  General Civil Other (specify):			
Collections	other (speeny).		
☐ Family Law			
THE COURT IS REQUESTED TO SET THIS CASE FOR TRIA	<b>AL</b>		
1. I (name):	, declare:		
a. All essential parties have been served with process or ha			
unserved parties named in my pleading, except fictitious b.  All essential parties have not been served with process of the control of the co	•	2 0	
c. I represent a defendant and I believe this action is at issued.			
2. A jury trial is demanded (If a jury trial is demanded in a gene	eral civil case, trial m	nust be set through the Case Management	
Conference).			
3. Estimated time for trial: hours days	DD) and ADD areas	. Para bara bara and dad	
4. This case was referred to Alternative Dispute Resolution (Al	JR), and ADR proced	edings have been concluded.	
* 5. List dates not available for trial within the next <b>3-6 months</b> :			
** 6. List <b>all other</b> names, addresses, and telephone numbers of attorn	eys for the parties or	of parties appearing without counsel:	
	Representing:		
	Plaintiff	Defendant	
	Cross-com	plainant Cross-defendant	
	Name:		
	Representing:		
	☐ Plaintiff	Defendant	
	Cross-com	plainant Cross-defendant	
	Name:		
* If a Counter At Issue Memorandum is to be used only to indicate		hle complete personant 5 or 6 only	
otherwise the entire form must be completed.			
** The word "plaintiff" includes cross-complainant, "defendant" inc	cludes cross-defendar	nt, and singular includes the plural.	

Page 1 of 2

CASE TITLE	CASE NUMBER:			
	Representing:			
	Plaintiff	Defendant		
	Cross-complainant	Cross-defendant		
	Name:			
	Representing:			
	☐ Plaintiff	Defendant		
	☐ Cross-complainant	Cross-defendant		
	Name:			
	Representing:			
	☐ Plaintiff	Defendant		
	☐ Cross-complainant	Cross-defendant		
	Name:			
I declare under penalty of perjury under the laws of the State o	f California that the foregoing is true ar	nd correct.		
Dated:/				
(TYPE OR PRINT NAME)	(SIGNA	(SIGNATURE)		
PROOF OF S	ERVICE BY MAIL			
(must be completed in full or At Issue	Memorandum will not be accepted for	filing)		
At the time of mailing, I was at least 18 years of age, not a path the mailing occurred.	party to this cause and a resident of or e	employed in the county where		
My residence or business address is (specify):				
I enclosed a true copy of this notice of At Issue Memoral postage fully prepaid mail and depositing the envelope disame-day collection and mailing with the United States mail, familiar.	rectly in the United States mail OR [	at my place of business for		
The envelope was addressed and mailed as follows:  (1) Addressed as shown in item 7 above,   (2) Date of mailing:/				
(2) Date of mailing:/	,			
I declare under penalty of perjury under the laws of the State of	f California that the foregoing is true a	and correct.		
Dated:/				
	(SIGNATURE OF			